



## **MONTANA STATE HOSPITAL POLICY AND PROCEDURE**

### **HEPATITIS B VACCINATION PROGRAM**

**Effective Date:** December 18, 2002

**Policy #:** IC-06

**Page 1 of 2**

- I. PURPOSE:** To provide all employees with the opportunity for immunization against Hepatitis B. Throughout the world, Hepatitis B Virus is an important cause of viral hepatitis. There is no specific treatment for this disease.
- II. POLICY:** Employees will be advised of the risk of occupational exposure to bloodborne pathogens as it relates to their specific job assignment and will be provided information about the Hepatitis disease process and the immunization program. (See Exposure Control Plan)
- III. DEFINITIONS:**
  - A. Antibody – a component of blood that generates a reaction to foreign substances.
  - B. Vaccination – injection with a vaccine to protect against a disease.
- IV. RESPONSIBILITIES:**
  - A. Human Resources – will give new employees Hepatitis B Vaccine Disclosure Forms and consent forms (see attachments).
  - B. Staff Development – will provide regular education to all staff annually related to Hepatitis B Infection.
  - C. Infection Control Nurse – will schedule staff members as soon as possible to begin vaccination series, and will notify staff as scheduled doses are due. He/she will be responsible for maintaining the records in the Employee Health File.
- V. PROCEDURE:**
  - A. Human Resources will obtain a signed consent form (see attached) for all employees at time of employment which indicates either willingness or refusal to participate in the Hepatitis B series. This form is maintained in the Employee's Health Record file in the Medical Clinic.

## Montana State Hospital Policy and Procedure

### HEPATITIS B VACCINATION PROGRAM

Page 2 of 2

- B. Vaccinations will be done by appointment only. Employees must contact the Medical Clinic Nurse at #7042.
- C. Recombinant Hepatitis B Vaccine will be administered intramuscularly at days 0, 30 and 180.
- D. Six to eight weeks after the series is completed, the employee will be contacted by the Medical Clinic Nurse to schedule an appointment with the laboratory to check for a therapeutic antibody level
- E. If an employee initially declines the Hepatitis B vaccination, but subsequently chooses to receive it, the hospital will provide the vaccination series.

**VI. REFERENCES:** Surveillance, Prevention and Control of Infection, Medical Consultants Network, Inc.

**VII. COLLABORATED WITH:** Director of Human Resources, Infection Control Coordinating Group Chair.

**VIII. RESCISSIONS:** Policy # IC-06, Hepatitis B Vaccination Program dated February 14, 2000; HOPP #IC-02-14, Hepatitis B Vaccination Program, dated March 7, 1995.

**IX. DISTRIBUTION:** All hospital policy manuals.

**X. REVIEW AND REISSUE DATE:** December 2005

**XI. FOLLOW-UP RESPONSIBILITY:** Infection Control Nurse

**XII. ATTACHMENTS:**

- A. [Hepatitis B Vaccine Disclosure Form](#)

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Ed Amberg  
Hospital Administrator

Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Thomas Gray, MD  
Medical Director

Date

# **HEPATITIS B VACCINE DISCLOSURE FORM (RECOMBINANT)**

**Page 1 of 3**

## **HEPATITIS B – THE DISEASE**

Hepatitis B is an infection of the liver caused by the Hepatitis B virus (HBV).

Acute hepatitis generally begins with mild symptoms that may or may not become severe. These symptoms may include loss of appetite, a vague feeling of oncoming illness, extreme tiredness, nausea, vomiting, stomach pain, dark urine, and jaundice (yellow eyes and skin). Skin rashes and joint pain can also occur.

In the United States about 300,000 persons, mostly young adults catch Hepatitis B each year. About one-fourth will develop jaundice, and more than 10,000 will need to be hospitalized. About 250 people die each year from severe acute Hepatitis B. Between 6 and 10 every 100 young adults who catch Hepatitis B become chronic carriers (have HBV in their blood for 6 or more months) and may be able to spread the infection to others for a long period of time. Infants who catch Hepatitis B are more likely to become carriers than adults. About one-fourth of these carriers go on to develop a disease called “chronic active hepatitis.” Chronic active hepatitis often causes cirrhosis of the liver (liver destruction) and death due to liver failure. In addition, HBV carriers are much more likely than others to get cancer of the liver. An estimated 4,000 persons die from Hepatitis B-related cirrhosis each year in the United States and more than 800 die from Hepatitis B-related liver cancer.

The risk of catching hepatitis is higher in certain groups of people because of their occupation, lifestyle, or environment. Because of the risks of serious problems associated with Hepatitis B infection, vaccination to help prevent infections is recommended for these groups.

## **HEPATITIS B VACCINE**

Hepatitis B vaccine is made two ways. Plasma-derive vaccine is made from HBV particles that have been purified from the blood of carriers. The method used to prepare the plasma-derived hepatitis vaccine kills all types of viruses found in human blood, including the virus that causes Acquired Immunodeficiency Syndrome (AIDS). Recombinant vaccines are made from common baker's yeast cells through genetic engineering. The yeast-derived vaccines do not contain human blood products. The vaccine is given by injection on three separate dates. Usually, the first two doses are given one month apart, and the third dose, five months after the second. After three doses, the Hepatitis B vaccine is 85%-95% effective in preventing Hepatitis B infection in those who received vaccine. Protectin for normal, healthy adults and children given vaccine lasts at least five years. Booster doses of vaccine are not routinely recommended at the present time.

## **POSSIBLE SIDE EFFECTS OF VACCINE**

Injection site soreness is the primary reaction. Also included are redness, swelling, warmth, and hardness of injection site, all of which subside within 48 hours. Occasionally low grade fever (less than 101.2) will occur but subsides within 48 hours. Occasionally low grade fever (less than 101.2) will occur but subsides within 48 hours. Systematic complaints include malaise, fatigue, headache, nausea, dizziness, muscle and joint pain – they are infrequent and limited. Rash is rare. As with any drug or vaccine there is a rare possibility that allergic or more serious reactions or even death could occur. No deaths, however, have been reported in persons who have received this vaccine.

Giving Hepatitis B vaccine to persons who are already immune or to carriers will not increase the risk of side effects.

### **INDICATIONS FOR RECEIVING THE VACCINE**

People working in the health care field are at higher risk of being infected with Hepatitis B than most other segments of the population because of their contact with infected blood products. Risk of infection increases with frequency of contact with blood. Infection may occur when Hepatitis B virus, transmitted by infected body fluids, contacts mucous surfaces or is introduced through accidental breaks in the skin.

Those health care workers at highest risk (according to the Center for Disease control) are dialysis nurses, lab personnel, (particularly blood bank and phlebotomist personnel), followed by operating room staff, I.V. therapy personnel, emergency room and intensive care unit nurses. Other health care workers are at varied risk according to their contact with blood. The American Hospital Association lists those at moderate risk as (those who have some exposure to infected blood, but with only occasional, generally accidental risk of percutaneous inoculation, such as housekeeping and central supply personnel and nonsurgical house staff.”

### **CONTRAINDICATIONS**

Vaccine should not be administered to individuals who have exhibited previous systemic allergic reactions to the vaccine or any of the ingredients in the formulation.

Administer with caution to individuals with severe cardiopulmonary status. Vaccination should be delayed in any individual with a serious active infection unless withholding the vaccine is considered a greater risk. Vaccine should not be given to pregnant women, and should be used with caution to nursing mothers.

### **OTHER HEPATITIS DISEASES**

This Hepatitis B vaccine does not prevent hepatitis caused by other agents such as: Hepatitis A virus; Hepatitis C viruses, or other viruses known to infect the liver. Treat all blood and body fluids as potentially infectious.

### **PROCEDURE**

- a) Sign a consent form to receive vaccine.
- b) 1.0 cc of HBV vaccine (recombinant) is administered intramuscularly at days 0, 30, 180.
- c) 6-8 weeks after immunization, a titer is recommended to check for immunity.

### **QUESTIONS**

If you have any questions about Hepatitis B or Hepatitis B vaccine, please ask us now or call your doctor, health department, or the Infection Control Nurse before you sign this form.

### **COST**

The Department offers this vaccine at no charge to any employee who desires it.

### **SCHEDULING XI**

Vaccinations are done by appointment only. For further information call the Medical Clinic at ext. #7042.

